A Case of Takotsubo Cardiomyopathy Complicated with Complete Atrioventricular Block

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An 82-year-old woman with chest pain and chest tightness in Oct. 2010. ECG shows AV block and ST segments of II, III, aVf and from V2 to V6 leads were elevated with a negative T wave. The no contraction was observed from papillary muscle over apex area in UCG, the base shows excessive shrinkage and the abnormal wall motion was independent from coronary artery control area. No significant coronary artery stenosis in CAG, but LVG revealed that the no contraction in apex area also. According to the finding form serial examinations, we diagnosed as Takotsubo cardiomyopathy (TC) complicated with complete AV black. HV block was revealed by EPS. Respect to the observation of ECG abnormality was not documented at the pre-symptomatic and the HV block revealed by EPS at pre-symptomatic, we guess that she has a conduction disorder originally and the AV block was triggered by occurrence of TC. But at convalescence period, heart rhythm was recovered to sinus suggests the possibility that TC itself could induce the conducting system failure. We experienced a case that complicate atrioventricular block was triggered by TC. It could be necessary to take into account that the abnormal ECG as complicate atrioventricular block is one of the complication of the TC. Keywords: Takotsubo cardiomyopathy, AV block, EPS